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CONFIRMATION NO. 4466

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. EMS-03-01
10/606,943		600	3737	

APPLICANTS

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** CONTINUING DATA ***** *JK*

** FOREIGN APPLICATIONS ***** *JK*

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **
 09/09/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>JK</i>	TX	7	43	4

ADDRESS

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TITLE

Nuclear Magnetic resonance apparatus and method for assessing whole body composition

FILING FEE RECEIVED 689	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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